

**LOWNDES COUNTY SHERIFF'S OFFICE  
RECORDS REQUEST FORM**

In order to better serve you, please fill out the below listed request. If a section does not apply to your request, you can just leave blank. Please be advised, there is a 3 day return for any records requests; however, if we can get the information to you faster, we will strive to do so. Request forms can be emailed to [sorecords@lowndescounty.com](mailto:sorecords@lowndescounty.com), faxed to (229)333-5141 or mailed to 120 Prison Farm Road, Valdosta, GA 31601, once completed. Thank you for your cooperation.

DATE OF REQUEST: \_\_\_\_\_

TYPE OF REQUEST:           INCIDENT REPORT/ARREST & BOOKING REPORT  
(Please circle one)

PERSON MAKING REQUEST: \_\_\_\_\_

CONTACT NUMBER: \_\_\_\_\_

**INCIDENT REPORT:**

CASE NUMBER OR CFS #: \_\_\_\_\_

DATE OF INCIDENT: \_\_\_\_\_

TYPE OF INCIDENT: \_\_\_\_\_

(For example: burglary, assault, theft)

PERSON(S) INVOLVED: \_\_\_\_\_

(Victim, Offender, Witness, etc.)

**ARREST & BOOKING REPORT:**

NAME OF PERSON INCARCERATED: \_\_\_\_\_

RACE: \_\_\_\_\_ SEX: \_\_\_\_\_ DOB: \_\_\_\_\_

DATE OF ARREST: \_\_\_\_\_

**DISCLAIMER**

*By signing below, you acknowledging that the above information is correct and that you do understand that the information may not be immediately available to you. It may take up to 72 hours before the information is made available to you. If the request will take longer than 72 hours, then you will be notified that additional time, as well as, how much additional time, will be needed. Also, there may be a fee required for the records requested. You will be notified of this fee in advance.*

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

Sheriff's Office Personnel: \_\_\_\_\_